

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

9/720849

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		3		3		
5	1		1			
6	1		1			
7	1		1			
8		3		3		
9		1		3		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1		1			
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		4		4		
22			1			
23			1			
24				1		
25			1			
26				2		
27				1		
28				1		
29				2		
30				1		
31				3		
32				3		
33				3		
34			1			
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41				1		
42				1		
43				1		
44			1			
45			1			
46				1		
47				1		
48				1		
49				1		
50				2		
TOTAL IND.		↓	15	↓		↓
TOTAL DEP.		↓	53	↓		↓
TOTAL CLAIMS			68			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331

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